Case 23-11874-amc Doc 7 Filed 06/27/23 Entered 06/27/23 09:22:59 Desc Main

Fill in this info	rmation to identify y	our case:		
Debtor 1	Leah First Name	Helen Middle Name	Leahy Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court fo	r the: <u>Eastern</u>	District of Pennsylvania	
Case number (If known)				Check if this is an amended filing.

## Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$ 819,903.00
1ь. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ 41,076.50
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ 860,979.50
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 433,699.60
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$373,624.61
Your total liabilities	\$ 807,324.21
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$
Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22, Column A, of Schedule J	\$ 6,458.00

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Deatyment Page 2 of 36 Case number (if known) Case 23-11874-amc Doc 7 Desc Main **Dealy**ment

Debtor 1 Leah First Name Helen Middle Name

Pá	Answer These Questions for Administrative and Statistical Records					
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form. Yes	orm to the court with your other schedules.				
7.	. What kind of debt do you have?					
	☐ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purpose.					
	Your debts are not primarily consumer debts. You have nothing to report on this part submit this form to the court with your other schedules.	of the form. Check this box and				
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	some from Official \$\$				
9.	Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :	Total claim				
	From Part 4 on <i>Schedule E/F</i> , copy the following:					
	9a. Domestic support obligations (Copy line 6a.)	\$0.00				
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00				
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00				
	9d. Student loans. (Copy line 6f.)	\$0.00				
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00				
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00				
	9g. <b>Total</b> . Add lines 9a through 9f.	\$0.00				

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Fill in this info	rmation to identify	your case:			
Debtor 1	Leah	Helen	Leahy	_	
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court fo	r the: <u>Eastern</u>	District of Pennsylvania	_	
Case number (If known)	r				Check if this is an amended filing.

### Official Form 106A/B

## **Schedule A/B Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

				or Other Real Estate You Own or Have an Interest In			
□ No. G	<b>n or have any leg</b> o to Part 2. Where is the prope		uitable intere	est in any residence, building, land, or similar pro	perty	?	
1.1. <u>1503 I</u>	Riverview Blvd. address, if available,		escription	What is the property? Check all that apply.  Single-family home  □ Duplex or multi-unit building □ Condominium or cooperative	the a D: C Prop	mount of any secure reditors Who Have C erty.	aims or exemptions. Put d claims on Schedule laims Secured by  Current value of the
				<ul> <li>☐ Manufactured or mobile home</li> <li>☐ Land</li> <li>☐ Investment property</li> <li>☐ Timeshare</li> </ul>		re property?	portion you own? \$ 819,903.00
Plymo City	outh Meeting	PA State	19462 ZIP Code	Other Other Check one.	inte	rest (such as fee	of your ownership simple, tenancy by e estate), if known.
				Debtor 1 only		Fee	Simple
Montg County	omery			Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Check if this is property (see in:	
				Other information you wish to add about this ite property identification number:	em, s	uch as local	
1.2.	or have more than			What is the property? Check all that apply.  ☐ Single-family home ☐ Duplex or multi-unit building	the a	mount of any secure reditors Who Have C	aims or exemptions. Put d claims on <i>Schedule</i> laims Secured by
Sueera	auuress, II avallable, (	or other de	escription	☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property		rent value of the re property?	Current value of the portion you own?
City		State	ZIP Code	☐ Timeshare ☐ Other	inte	rest (such as fee	of your ownership simple, tenancy by e estate), if known.
,				Who has an interest in the property? Check one.		charcaco, or a m	o cotato), ii kiiowiii
				☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Check if this is	community
County				Other information you wish to add about this ite property identification number:		uch as local	

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Document

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<u>Overview</u>

**Comparables** 

Bank of America Real Estate Center®

Estimated home value

This is our estimate of your home's value as of 5/15/2023. It is intended to be used for illustrative purposes only and does not represent an appraisal or confirmation of actu

# Overview

1503 RIVERVIEW BLVD, PLYMOUTH MEETING, PA 19462

**Property Type** 

Year Built

Lot Size

Garages

**Pools** 

**Fireplace** 

Heat/Air

**Stories** 

County

Parcel #

**Assessed Value** 

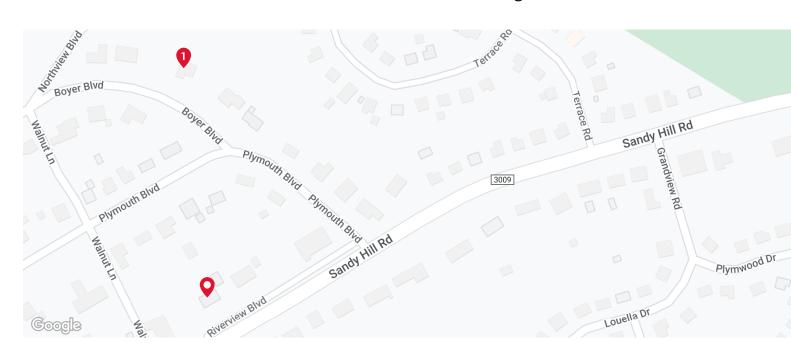
**Census Tract** 

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These are the homes with characteristics similar to the home you are looking at that have been sold for understanding home market trends.



Average sale price

\$500,493

Estimated home value

\$819,903\*

		Dist. (mi.)	Beds	Baths	Living Area (sq. ft.)	Lot Size (sq. ft.)	Ві
•	1503 RIVERVIEW BLVD PLYMOUTH MEETING, PA 19462		5	2.5	4,172	55,700	19
•	<b>1507 BOYER BLVD</b> PLYMOUTH MEETING, PA 19462	0.15 miles N	3	2.00	3,152	46,900	19
2	<b>1620 SANDY HILL RD</b> PLYMOUTH MEETING, PA 19462	0.51 miles E	4	2.50	3,172	46,800	19

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**Overview** 

**Comparables** 

ra<del>p into the v</del>alue or your norne.

Learn more

Bank of America Real Estate Center	>	Home Value Estimator
------------------------------------	---	----------------------

\* This is our estimate of your home's value. It is intended to be used for illustrative purposes only and does not represent an appraisal or confirmation of actual home va

Mortgage Rates & Loans

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**Learn About Mortgages** 

Manage Your Loan

Home

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Security

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Sitemap

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Credit and collateral are subject to approval. Terms and conditions apply. This is not a commitment to lend. Programs, rates, terms and conditions are s

**Degument** Page 7 of 36 Case number (if known) Debtor 1 Leah Helen First Name Middle Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. ☐ Duplex or multi-unit building 1.3. Street address, if available, or other description ☐ Condominium or cooperative Current value of the Current value of the Manufactured or mobile home portion you own? entire property? ☐ Land ■ Investment property ☐ Timeshare Other \_ Describe the nature of your ownership interest (such as fee simple, tenancy by City State ZIP Code the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only ☐ Check if this is community property (see instructions) At least one of the debtors and another County Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 819,903.00 you have attached for Part 1. Write that number here. Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No **▼** Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Forte Creditors Who Have Claims Secured by Property. Debtor 2 only Year: 2019 П Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? At least one of the debtors and another Approximate mileage: 38000 Other information: ☐ Check if this is community property (see 12.044.00 instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.2. Make: Mercedes the amount of any secured claims on Schedule D: × Debtor 1 only Model: GLK Creditors Who Have Claims Secured by Property. Debtor 2 only Year. 2013 Debtor 1 and Debtor 2 only Current value of the Current value of the portion you own? entire property? At least one of the debtors and another Approximate mileage: 89000 Other information: ☐ Check if this is community property (see 7,876.00 instructions)

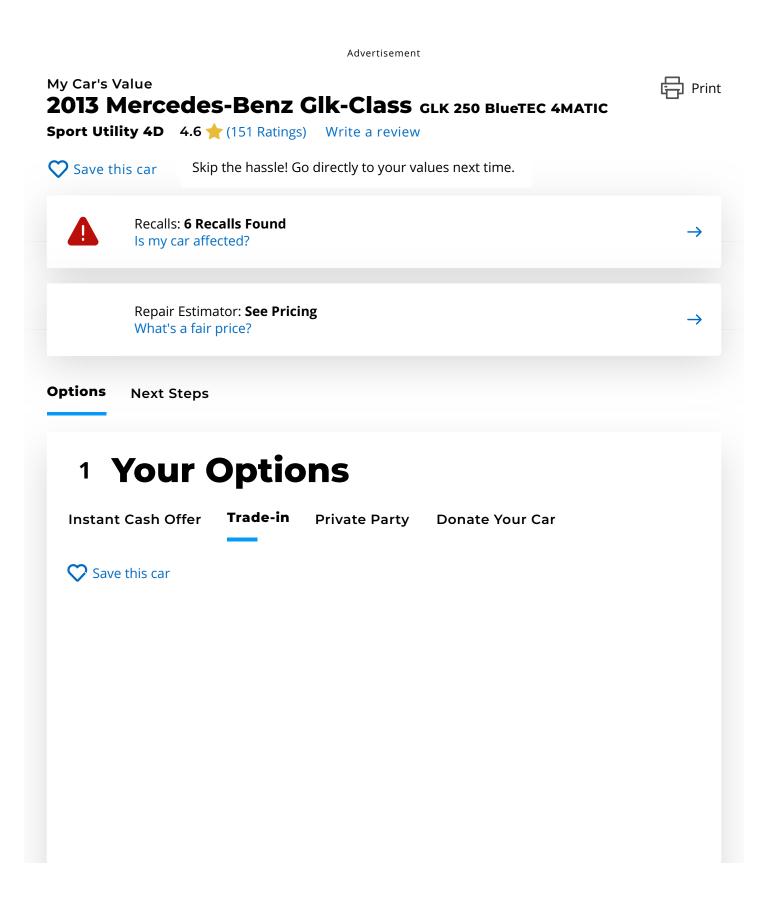
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Home > What's My Car Worth? > Category & Style > Options > Offer Options > Condition > GLK 250 BlueTEC 4MATIC



1 of 8 06/26/23, 9:51 AM

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Value valid as of **06/26/2023** 

#### **Factors That Impact Value**

Check that yours are correct below.

Mileage: **85,000** *⊘* ZIP Code: **19401 ?** 

Condition Fair

**Edit Options** 



2

#### 

- Get your Instant Cash Offer online
- Redeem it at a Participating Dealer
- Get cash for your car or trade it in today

**Get Offer** 

2 of 8 06/26/23, 9:51 AM

## 2019 Kia Forte Pricing Report

**Style**: FE Sedan 4D **Mileage**: 38,000

KBB.com Consumer Rating: 4/5

## **Sell to Private Party**



Valid for **ZIP code 19462** through **05/15/2023** 

Filed 06/27/23 Entered 06/27/23 09:22:59 Case 23-11874-amc Doc 7 Desc Main Page 11 of 36 Case number (if known) Debtor 1 Dealment Leah Helen First Name Middle Name Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the portion you own? entire property? At least one of the debtors and another Approximate mileage: Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? portion you own? At least one of the debtors and another Approximate mileage: Other information: Check if this is community property (see \$ instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **⋉** No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? portion you own? At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 42 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? portion you own? At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 19,920.00 you have attached for Part 2. Write that number here

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Debtor 1

Dogument Page 12 of 36 Case number (if known) Part 3: Describe Your Personal and Household Items Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Mscl personal furniture and furnishings including 2 sofas, refrigerator, washer, dryer, china, Yes. Describe..... 1,555.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □..No 2 TVs, landline phone, cellphone Yes. Describe..... 131.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **⋉**..No knicknacks, mirrors, art ☐..Yes. Describe..... 302.50 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **⋉**..No ...Yes. Describe..... \$ 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐..Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □..No Personal clothing Yes. Describe..... 250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □..No Rina Yes. Describe..... 750.00 13. Non-farm animals Examples: Dogs, cats, birds, horses **⋉** No ...Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list **⋉**..No ☐..Yes. Describe.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have

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Debtor 1

Leah Helen

Describe Your Financial Assets

Dogument

Page 13 of 36 Case number (if known)

Part 4:

Middle Name

Оо ус	ou own or have a	ny legal or equitable interest in an	ny of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16. <b>C</b>		ou have in your wallet, in your home	, in a safe deposit box, and on hand when you file your petiti	ion
	No			
×	Yes		Cash:	\$\$
	Deposits of mone camples: Checking houses,	g, savings, or other financial account	ts; certificates of deposit; shares in credit unions, brokerage nave multiple accounts with the same institution, list each.	
×	No		Institution name:	
		17.1. Checking account:	TD Bank	\$ 18,158.00
		17.2. Checking account:		\$
		17.3. Savings account:		\$
		17.4. Savings account:		\$
		17.5. Certificates of deposit:		\$
		17.6. Other financial account:		\$
		17.7. Other financial account:		\$
		17.8. Other financial account:	_	¢
		17.9. Other financial account:		\$
		nds, or publicly traded stocks		
×	amples: Bond fund No Yes	ds, investment accounts with brokera Institution or issuer name:	age firms, money market accounts	
				\$
				<u> </u>
				\$
				<del></del>
		ed stock and interests in incorpor , partnership, and joint venture	rated and unincorporated businesses, including an	
×		Name of entity:	% of ownersh	iip:
_	information abou		<u>0.00</u> 8 closed)	% \$0.00
	them.	TLC School Bus Co. (insolvent &	closed) 0.00 9	% \$ <u>0.00</u>
		-	0.00 %	\$
		-		

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Middle Name

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20.	Governr	ment and corp	orate bonds and othe	r negotiable and non-negotiable instruments	
				s, cashiers' checks, promissory notes, and money orders. ot transfer to someone by signing or delivering them.	
	<b>⋉</b> No				
	_	Give specific	Issuer name:		
		mation about			\$
	them	l			\$
					Ψ
					\$
		ent or pension or Interests in IF		(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
		List each	<b>-</b>		
	acco	unt separately.	Type of account:	Institution name:	
			401(k) or similar plan:	·	\$
			Pension plan:		\$
			IRA:		\$
			Retirement account:		\$
			Keogh:		\$
			Additional account:		\$
			Additional account:		\$
			Additional account.		Ψ
	Your shar Examples	e of all unused		de so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications	
	☐ Yes.		Ins	stitution name or individual:	
			Electric:		¢
					φ
			Gas:		Ψ
			Heating oil:		\$
			Security deposit on ren	ntal unit:	\$
			Prepaid rent:		\$
			Telephone:		\$
			Water:		\$
			Rented furniture:		\$
			Other:		\$
23.		es (A contract f		of money to you, either for life or for a number of years)	
	<b>⊠</b> No				
	⊔ Yes		Issuer name and descr	ription:	\$
					\$
					•
					\$

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Debtor 1

**Dogument** Page 15 of 36 Case number (if known) Leah First Name Helen Middle Name

26	U.S.C. §§ 530(b)(1), 529A(		unt in a qualified ABLE program, or unde (1).	r a qualified state tuition progran	1.
		Institution nam	ne and description. Separately file the records of	any interests.11 U.S.C. § 521(c):	
					\$
					\$
					ψ \$
					Ψ
	xercisable for your benefi		operty (other than anything listed in line '	1), and rights or powers	-
	Yes. Give specific information about them.				\$
Ex			ecrets, and other intellectual property proceeds from royalties and licensing agree	ements	
	Yes. Give specific information about them.				\$
Ex	icenses, franchises, and camples: Building permits, e	_	intangibles es, cooperative association holdings, liquor li	censes, professional licenses	_
	Yes. Give specific information about them.				\$
Mone	y or property owed to you	?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	ax refunds owed to you				·
	them, including whether	you		Federal:	\$
	already filed the returns a years			State:	\$
				Local:	\$
Ex	amily support amples: Past due or lump s No Yes. Give specific informa		pousal support, child support, maintenance, c	divorce settlement, property settlem	ent
	res. Give specific informa	uon		Alimony:	\$
				Maintenance:	\$
				Support:	\$
				Divorce settlement:	\$
				Property settlement:	\$
Ex	compensation, So	ability insuranc	e payments, disability benefits, sick pay, vac nefits; unpaid loans you made to someone e		
	No	F			7
Ц	Yes. Give specific informa	иоп			\$

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Debtor 1

Helen I eah

Dogument Page 16 of 36 Case number (if known)

31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Surrender or refund Beneficiary: Company name: Yes.Name the insurance company value: of each policy and list its value..... State Farm (auto) Debtor Wells Fargo Forced Placed **Mortgagee** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. **⋉** No Yes. Give specific information....... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue **⋉** No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **⋉** No Yes. Describe each claim..... 35. Any financial assets you did not already list **⋉** No Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have 18,168.00 attached for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No Yes. Describe. \$\_

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Decayment Page 17 of 36 Case number (if known) Dealyment Leah First Name Debtor 1 Helen Middle Name

	□ No	equipment, supplies you use in business, and tools of your trade	
	Yes. Describe.		\$
	Inventory  ☐ No ☐ Yes. Describe.		\$
42.	Interests in partners	ships or joint ventures	
	□ No		
	Yes. Describe	Name of entity: % of ownership:	
		0.00%	\$
		0.00%	\$0.00
		0.00%	\$
44.   	□ No □ Yes. Do your list □ No □ Yes. Desc  Any business-relate □ No □ Yes. Give specific information	d property you did not already list	\$ \$ \$ \$ \$ \$
45.		e of all of your entries from Part 5, including any entries for pages you have attached the number here	\$
Par		Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  have an interest in farmland, list it in Part 1.	
	Do you own or have No. Go to Part 7. Yes. Go to line 47	any legal or equitable interest in any farm- or commercial fishing-related property?	Current value of the portion you own? Do not deduct secured claims or exemptions.
		poultry, farm-raised fish	· <b>·</b>
	□ No □ Yes		
·			\$

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		information	_ \$			
49.	49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade					
		Yes				
			\$			
50.		rm and fishing supplies, chemicals, and feed				
		No Yes	_			
	_	165	\$			
	An	y farm- and commercial fishing-related property you did not already list No				
		Yes. Give specific information	\$			
52.		d the dollar value of all of your entries from Part 6, including any entries for pages you have attached Part 6. Write that number here	\$0.00			
Pai	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above				
		you have other property of any kind you did not already list?  nples: Season tickets, country club membership				
	×	No				
		Yes. Give specific	\$			
		information	\$			
			\$			
54.	Ad	d the dollar value of all of your entries from Part 7. Write that number here	\$0.00			
Pai	rt 8:	List the Totals of Each Part of this Form				
55.	Pa	rt 1: Total real estate, line 2	\$ 819,903.00			
56.	Pa	rt 2: Total vehicles, line 5 \$				
57.	Pa	rt 3: Total personal and household items, line 15 \$ 2,988.50				
58.	Pa	rt 4: Total financial assets, line 36 \$18,168.00				
59.	Ра	rt 5: Total business-related property, line 45 \$				
60.	Pa	rt 6: Total farm- and fishing-related property, line 52 \$ 0.00				
61.	Pa	rt 7: Total other property not listed, line 54 + \$ 0.00				
62.	To	tal personal property. Add lines 56 through 61 \$ 41,076.50 Copy personal property total	<b>+</b> \$ 41,076.50			
63.	To	tal of all property on Schedule A/B. Add line 55 + line 62.	\$ 860,979.50			

	Case	e 23-11874-amc	Doc 7	7 Filed 06/27/2	23 Entered 06/	27/23 09:2	22:59	Desc Main
Fill i	n this informa	tion to identify your case:						
De			Helen Middle Name	Leahy Last Name				
	btor 2		Middle Name	Last Name				
Un	ited States Bar	nkruptcy Court for the: <u>Eas</u>	tern	District of Pen	nsylvania			
	se number known)			_		☐ Chec	k if this i	s an amended filing.
	۲: منا ت	1000				J		
		orm 106C • C: The Prop	erty Y	ou Claim As	Exempt			04/22
Usin space your For specific of a retir limit woul Part	g the properion is needed, a name and content of the content of th	ty you listed on Schedule fill out and attach to this ase number (if known).  If property you claim as mount as exempt. Alte te statutory limit. Some s—may be unlimited in otion to a particular dold to the applicable state if the Property You Claim fill out and a second to the second fill the Property You Claim fill out and a second fill the Property You Claim fill out and attached fill the Property You Claim fill out and attached fill the Property You Claim fill out and attached fill the Property You Claim fill out and attached fill the Property You Claim fill out and attached fill the Property You Claim fill out and attached fill the Property You Claim fill out and attached fill the Property You Claim fill out and attached fill the Property You Claim fill fill the Property You Claim fill the Property	e A/B: Propose page as many pag	erty (Official Form 106A any copies of Part 2: A ou must specify the a rou may claim the full ns—such as those for ount. However, if you t and the value of the int.	gether, both are equally racks) as your source, list the dditional Page as necess amount of the exemption fair market value of the health aids, rights to reclaim an exemption of a property is determined arour spouse is filing with years.	ne property that ary. On the top on you claim. On the property being eceive certain 100% of fair musto exceed that	t you clain of any ac one way o ng exemp benefits, arket valu	n as exempt. If more diditional pages, write  f doing so is to state a ted up to the amount and tax-exempt ue under a law that
	_	exemptions are you clause exemptions are you claused and federa	_			ou.		
		laiming federal exemption						
2. <b>F</b>	or any prop	erty you list on Schedu	ıle A/B that	t you claim as exempt	t, fill in the information l	below.		
		ription of the property a A/B that lists this proper		Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption  Check only one box for exemption.		Specif exemp	ic laws that allow tion
	Brief description	Mercedes	_	\$	<b>※</b> \$ 7,876.00	value up to	11 USC	522(d)(2) 522(d)(5)
	Line from Schedule A/B:	3.2			any applicable sta			
	Brief description:	Mscl personal furnitu	ure	\$1,555.00	<b>×</b> \$ 1,555.00		11 USC	522(d)(3)
	Line from Schedule A/B:	<u>6</u>			☐ 100% of fair market any applicable sta			
	Brief description:	2 TVs, landline phor	ne, c	\$131.00	<b>x</b> \$ 131.00			522(d)(3)
	Line from Schedule A/B:	<u>7</u>			☐ 100% of fair market any applicable sta			
[	Subject to ac	•	l every 3 ye	ars after that for cases	filed on or after the date	,	)	

□ No □ Yes

Doc 7

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Decayment Page 20 of 36 Case number (if known)

Desc Main

Debtor 1

Leah

Helen

**Declyment** 

First Name Middle Name

#### Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: knicknacks, mirrors, art Line from Schedule A/B: 8	\$ 302.50	\$ 302.50  100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Brief description: Personal clothing Line from Schedule A/B:11	\$\$	\$ 250.00  100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Brief description: Ring Line from Schedule A/B: 12	\$ 750.00	\$	11 USC 522(d)(4)
Brief description: Cash Line from Schedule A/B: 16	\$ 10.00	\$ 10.00 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: TD Bank Line from Schedule A/B: 17.1	\$18,158.00	\$ 11,989.00 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$  100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$  100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$  100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$  100% of fair market value, up to any applicable statutory limit	
Brief description: ————————————————————————————————————	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$  100% of fair market value, up to any applicable statutory limit	

	Cas	e 23-11874-amo	c Do	oc 7	Filed	06/27/23	Entered 0	6/27/2	3 09:22	:59	Desc Ma	ain	
Fill in th	is inform	ation to identify your case				_							
Debtor		_eah First Name	Helen Middle Na			Leahy Last Name							
Debtor (Spouse,		irst Name	Middle Na	me		Last Name							
United	States Ba	ankruptcy Court for the: Eas	stern			District of Pennsylv	vania						
	number					<u> </u>							
(If knov				-					Check if	this is	an amen	ded fil	ling.
Offic	cial F	orm 106D											
Sch	edul	e D: Creditors	s Wł	no Ha	ave C	Claims So	ecured by	/ Pro	perty				12/15
informa	ation. If	te and accurate as po more space is needed es, write your name and	І, сору	the Add	ditional l	Page, fill it out							
	-	litors have claims secu	•	•									
		ck this box and submit the information be		to the co	ourt with	your other sche	dules. You have ı	nothing el	se to report	on this	form.		
Part 1:	_	Secured Claims	Delow.										
			hae mo	re than	one secu	red claim list th	e creditor	Column	A	Columi	1 B	Colum	ın C
				creditor has a particular claim, list the other the claims in alphabetical order according to the			Amount Do not de value of d			of collateral upports this	Unsec portio If any		
		Bank NA Home Mortga	ge	Describ	e the pro	perty that secur	es the claim:	\$	<u>421,577.95</u>	\$	819,903.00	\$	0.00
	ditor's Name			Residen	ce								
P.O Num		Box 10355 Street				ou file, the clai	m is: Check all	_					
				that app  Con	•								
Des	s Moines	IA 50306		_	quidated								
City		State ZIP Co	ode	☐ Disp	outed								
`		e debt? Check one.		_		Check all that ap							
	ebtor 1 c ebtor 2 c	•			agreemer ired car loa	nt you made (sud an)	ch as mortgage or						
□□□	ebtor 1 a	and Debtor 2 only		☐ Stat	utory lien	(such as tax lien,	mechanic's lien)						
L A	t least or	ne of the debtors and an			-	n from a lawsuit							
1	heck if t	his claim relates to a tv debt		☐ Othe	er (includir	ng a right to offset							
Date		incurred <u>1/23/2015</u>		Last 4 d	ligits of a	ccount number							
2.2 We	lls Fargo	Auto Correspondence		Describ	e the pro	perty that secur	es the claim:	\$	12,121.65	\$	12,044.00	\$	77.65
	ditor's Name			2019 Kia	a								
800 Num		Walnut Street Street			-	ou file, the clai	m is: Check all						
				that app  Con	-								
Des	s Moines	IA 50309			quidated								
City		State ZIP Co		☐ Disp	outed								
		e debt? Check one.				Check all that ap							
	ebtor 1 c	-			agreemer ecured ca	nt you made (su ar loan)	ch as mortgage						
□□□	ebtor 1 a	and Debtor 2 only				ı (such as tax lien,	mechanic's lien)						
□ A1	t least or	ne of the debtors and an	4.1		-	n from a lawsuit							

433,699.60

☐ Other (including a right to offset)

Add the dollar value of your entries in Column A on this page. Write that number here:

Last 4 digits of account number  $\underline{3} \ \underline{1} \ \underline{3} \ \underline{1}$ 

 $\square$  Check if this claim relates to a

community debt

Date debt was incurred 7/6/2019

Case 23-11874-amc Doc 7 Filed 06/27/23 Entered 06/27/23 09:22:59 Desc Main

Debtor 1

Leah Helen **Deaument** 

Page 22 of 36 Case number (if known) Column A Column B Column C Additional Page Amount of claim Value of Unsecured Part 1: collateral that portion After listing any entries on this page, number them beginning with 2.3, Do not deduct the supports this followed by 2.4, and so forth. value of collateral If any claim Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated 7IP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ☐ Debtor 1 only An agreement you made (such as mortgage or Debtor 2 only secured car loan) Debtor 1 and Debtor 2 only Ш Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated City State ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ☐ Debtor 1 only ☐ An agreement you made (such as mortgage or ☐ Debtor 2 only secured car loan) Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ☐ An agreement you made (such as mortgage or ☐ Debtor 2 only secured car loan) Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: 0.00

Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

433,699.60

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Helen

Page 23 of 36 Case number (if known)

Desc Main

Debtor 1

Part 2:

List Others to Be Notified for a Debt That You Already Listed

agen you l	cy is trying have more t	to collect from you for a	a debt you owe to so of the debts that yo	omeone else, list the co ou listed in Part 1, list t	ebt that you already listed in Part 1. For example, if a collection reditor in Part 1, and then list the collection agency here. Similarly, if the additional creditors here. If you do not have additional persons to
2.1	Name  1 Number	o Bank N.A. (P)  Home Campus  Street			On which line in Part 1 did you enter the creditor? 2.1  Last 4 digits of account number
	MAC X230  Des Moine City		IA State	50328-0001 ZIP Code	
2.1	Manley De Name 1515 Number Suite 830	as Kochalski LLC  Market St.  Street			On which line in Part 1 did you enter the creditor? 2.1  Last 4 digits of account number
2.2	Philadelphi City	ia	PA State	19102 ZIP Code	
2.2	Wells Farg Name P.O. Number	o Bankruptcy Dept.  Box 130000 Street			On which line in Part 1 did you enter the creditor? <u>2.2</u> Last 4 digits of account number <u> </u>
	Raleigh City		NC State	27605 ZIP Code	
	Name Number	Street			On which line in Part 1 did you enter the creditor? Last 4 digits of account number
	City		State	ZIP Code	
	City		State	ZIF Code	On which line in Part 1 did you enter the creditor?
	Name Number	Street			Last 4 digits of account number
	City		State	ZIP Code	
	Name				On which line in Part 1 did you enter the creditor?
	Number	Street			Last 4 digits of account number

City

ZIP Code

State

	Case 23-11874	-amc Doc 7	Filed 06/27/23	Entered 06/27	7/23 09:22:5	9 Desc	Main
Fill in thi	s information to identify you	ır case:					
D 11	4 Look	Uolon	Looby				
Debtor	1 <u>Leah</u> First Name	Helen Middle Name	Leahy Last Name				
Debtor (Spouse, i		Middle Name	Last Name				
United	States Bankruptcy Court for th	e: <u>Eastern</u>	District of Pennsylva	ania			
Case n (If know					Check if thi	s is an am	ended filing.
Offic	ial Form 106E/	F					
	dule E/F: Credito		Unsecured Clai	ims			12/15
List the A/B: Pro creditor needed	omplete and accurate as other party to any executoperty (Official Form 106 is with partially secured, copy the Part you need litional pages, write your	cutory contracts or A/B) and on Schedul claims that are list, fill it out, number the name and case nur	unexpired leases that cule G: Executory Contracted in Schedule D: Crube entries in the boxes on the contracted if known).	ould result in a claim cts and Unexpired Le editors Who Hold Cla	i. Also list exect ases (Official For aims Secured by	utory contractm 106G). Do Property. I	cts on <i>Schedule</i> not include any f more space is
-	ny creditors have priorit						
2.List a each nonp unse	No. Go to Part 2.  Yes.  all of your priority unsec claim listed, identify what priority amounts. As much a cured claims, fill out the C an explanation of each typ	type of claim it is. If a as possible, list the cl ontinuation Page of P	claim has both priority ar aims in alphabetical order Part 1. If more than one cre	nd nonpriority amounts, according to the credit editor holds a particular	list that claim here or's name. If you he claim, list the othe	e and show be have more tha	oth priority and an two priority
	, ,	·		,	Total claim	Priority amount	Nonpriority amount
2.1		Las	st 4 digits of account num	ber	\$	\$	\$\$
	rity Creditor's Name		en was the debt incurred				
	State	ZIP Code eck one.  Tyl and another	of the date you file, the cl Contingent Unliquidated Disputed De of PRIORITY unsecur Domestic support obligate Taxes and certain other government Claims for death or person were intoxicated Other. Specify	red claim: ations debts you owe the sonal injury while you	oly.		
2.2	rity Creditor's Name	Las	st 4 digits of account num	ber	\$	\$	\$\$
	•	Wh	en was the debt incurred	?			
Nun	nber Street		of the date you file, the cl	aim is: Check all that app	oly.		
	o incurred the debt? Chec	y □ and another □ □	Contingent Unliquidated Disputed  De of PRIORITY unsecur Domestic support obliga Taxes and certain other government Claims for death or pers were intoxicated Other. Specify	ations debts you owe the conal injury while you			

Filed 06/27/23 Case 23-11874-amc Doc 7 Entered 06/27/23 09:22:59 Desc Main Page 25 of 36 Case number (if known) Dogwent Debtor 1 Leah Helen Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Last 4 digits of account number 2,008.38 Midland Funding LLC Nonpriority Creditor's Name When was the debt incurred? various dates 3111 Camino Del Rio North Number As of the date you file, the claim is: Check all that San Diego City apply. 92108 CA ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement ☐ Check if this claim is for a community debt or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other **⋉** No similar debts ☐ Yes × Other. Specify credit card charges 4.2 Last 4 digits of account number 371,616.23 Advance Business Capital Nonpriority Creditor's Name When was the debt incurred? 12/26/2017 Canyon Drive As of the date you file, the claim is: Check all that apply. Coppell TX 75019 Contingent Who incurred the debt? Check one. Unliquidated ☐ Debtor 1 only Disputed Dahtan O amir

Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:						
At least one of the debtors and another	☐ Student loans						
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other						
<u>▼</u> No	similar debts						
☐ Yes	Other. Specify Civil Judgment						
3	Last 4 digits of account number	\$					
Nonpriority Creditor's Name	When was the debt incurred?						
Number Street	As of the date you file, the claim is: Check all that apply.						
City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only	☐ Contingent☐ Unliquidated☐ Disputed						
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:						
☐ At least one of the debtors and another	☐ Student loans						
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other						
□ No	similar debts						
☐ Yes							

Doc 7

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Debtor 1

Leah

Deaument

Page 26 of 36 Case number (if known)

Desc Main

Part 3:

Helen

List Others to Be Notified About a Debt That You Already Listed

Triumph Business Ca		raona to be not	ified for any debts in Parts 1 or 2, On which entry in Part 1 o		t 2 did you list the original creditor?		
Name	pitai		Line 4.2 of (Check one):		Part 1: Creditors with Priority Unsecured		
651 Canyon D	Prive		Line 4.2 of (oncox one).	_	Claims		
Suite 105				×	Part 2: Creditors with Nonpriority Unsecured		
Coppell City	TX State	75019 ZIP Code	Last 4 digits of account nun	nber	Claims		
Daniel S. Siedman Es	quire		On which entry in Part 1 o	r Pari	t 2 did you list the original creditor?		
Name 2005 Market St	reet		Line 4.2 of (Check one):		Part 1: Creditors with Priority Unsecured Claims		
Number Street Suite 3500				×	Part 2: Creditors with Nonpriority Unsecured		
Philadelphia	PA	PA			Claims		
City	State	ZIP Code	Last 4 digits of account nun	nber			
Peter J. Leahy			On which entry in Part 1 or Part 2 did you list the original creditor?				
Name  30 Scarlet O	ak Drive		Line 4.2 of (Check one):		Part 1: Creditors with Priority Unsecured Claims		
Number Street				×	Part 2: Creditors with Nonpriority Unsecured Claims		
Lafayette Hill City	PA State	19444 ZIP Code	Last 4 digits of account nun	nber			
Tracy Leahy			On which entry in Part 1 o	r Pari	t 2 did you list the original creditor?		
Name  30 Scarlet O  Number Street	ak Drive		Line 4.2 of (Check one):		Part 1: Creditors with Priority Unsecured Claims		
- Street				×	Part 2: Creditors with Nonpriority Unsecured Claims		
Lafayette Hill <sup>City</sup>	PA State	19444 ZIP Code	Last 4 digits of account nun	nber			
Daniel Santucci Esqu	ire		On which entry in Part 1 o	r Pari	t 2 did you list the original creditor?		
Name 400 Horsham			Line 4.1 of (Check one):		Part 1: Creditors with Priority Unsecured Claims		
Number Street Suite 110				×	Part 2: Creditors with Nonpriority Unsecured Claims		
Horsham City	PA State	19044 ZIP Code	Last 4 digits of account nun	nber	Oldino		
			On which entry in Part 1 o	r Par	t 2 did you list the original creditor?		
Name			Line of (Check one):		Part 1: Creditors with Priority Unsecured Claims		
Number Street					Part 2: Creditors with Nonpriority Unsecured Claims		
City	State	ZIP Code	Last 4 digits of account nun	nber	Ciallis		
			On which entry in Part 1 o	r Pari	t 2 did you list the original creditor?		
Name			Line of (Check one):		Part 1: Creditors with Priority Unsecured		
Number Street					Claims Part 2: Creditors with Nonpriority Unsecured		
City	Chaha	7ID Code			Claims		
City	State	ZIP Code	Last 4 digits of account nun				

Dog Hyment

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Desc Main

Debtor 1

Leah

Helen

Part 4:

Add the Amounts for Each Type of Unsecured Claim

1. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	373,624.61
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$	373,624.61

	(	Case 23-1187	74-amc I	Doc 7	Filed 06/27/23	Entered 06/	27/23 09:22:59	Desc Main
Fill i	n this info	ormation to identify y	your case:					
De	btor 1	Leah	Helei	n	Leahy			
		First Name	Middle N		Last Name			
	btor 2 ouse, if filing)	First Name	Middle N	lame	Last Name			
Un	ited State	s Bankruptcy Court fo	r the: <u>Eastern</u>		District of Pennsylv	vania		
	se numbe	er						
(If	known)						☐ Check if this	is an amended filing.
<u>Of</u>	<u>ficial</u>	Form 1060	3					
Sc	hed	ule G: Exe	cutory C	ontra	acts and Une	xpired Leas	es	12/1
info add	rmation itional p	. If more space is rages, write your n	needed, copy ame and case	the additi number				
	No. 0		file this form w	rith the cou	ed leases? urt with your other sched e contracts or leases are			
6	example	rately each person, rent, vehicle leas	n or company se, cell phone)	with who	om you have the contra instructions for this form	ict or lease. Then st in the instruction boo	ate what each contractive sklet for more examples	t or lease is for (for of executory contracts and
F	Person o	or company with w	hom you have	e the con	tract or lease	State wh	at the contract or lease	e is for
2.1								
	Name					_		
	Number	Street				_		
	City		State 2	ZIP Code		_		
2.2								
	Name					_		
	Number	Street				_		
	City		State 2	ZIP Code		_		
2.3								
	Name					<del>-</del>		
	Number	Street				_		
	City		State 2	ZIP Code		_		
2.4								
	Name					_		
	Number	Street				_		
	City		State 2	ZIP Code		_		
2.5								
	Name					_		
	Number	Street				_		

City

ZIP Code

State

Case 23-11874-amc Doc 7 Filed 06/27/23 Entered 06/27/23 09:22:59 Desc Main

Fill in this info	rmation to identify	your case:			
Debtor 1	Leah First Name	Helen Middle Name	Leahy Last Name	_	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	-	
United States	Bankruptcy Court fo	or the: Eastern	District of Pennsylvania	_	
Case number (If known)					Check if this is an amended filing.

## Official Form 106H

### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

_		,	, , , , , , , , , , , , , , , , , , ,						
1. Do you  No	,	f you are	e filing a joint case, do not list either spouse as	a codebtor.	)				
	• •		in a community property state or territory? vada, New Mexico, Puerto Rico, Texas, Washi	•					
	Go to line 3.	,	, , , , ,	0 ,	,				
		er spous	e, or legal equivalent live with you at the time?						
	No								
	Yes. In which community	y state o	r territory did you live? Fill in the name an	d current ac	ldress of that person.				
	Name of your spouse, form	mer spou	se, or legal equivalent						
	Number Street								
	rumbor Cucot								
	City		State ZIP Code						
	_		Do not include your spouse as a codebtor	-					
	shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D,								
	le E/F, or Schedule G t		•	o o (omion	in total 1000). Ode demedale B,				
Colu	mn 1: Your codebtor			Coli	umn 2: The creditor to whom you owe the debt				
0.4				Ch	eck all schedules that apply:				
3.1 Peter	J. Leahy			П	Schedule D, line				
Name	•				<del></del>				
30 Numb	Scarlet Oak Drive er Street			_	Schedule E/F, line <u>4.2</u> Schedule G, line <u></u>				
	ette Hill	PA	19444	Ц	Scriedule G, line				
City		State	ZIP Code						
3.2 Tracy	Leahy				Outrodule D. Pare				
Name				_	Schedule D, line				
30 Numb	Scarlet Oak Drive er Street			_ 	Schedule E/F, line 4.2				
	ette Hill	PA	19044	Ц	Schedule G, line				
City	ette i iiii	State	ZIP Code						
3.3	/ Transportation Inc			_					
Name	/ Transportation Inc.				Schedule D, line				
30	Scarlet Oak Drice			_	Schedule E/F, line 4.2				
Numb		D.4	10011		Schedule G, line				
Lafay City	ette Hill	PA State	19044 ZIP Code	_					

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Middle Name

First Name

Desc Main Page 30 of 36 Case number (if known) Dogwent Dogwent Debtor 1 Helen Leah

	Add	litional Page to List I	More Co	debtors		
	Column 1	: Your codebtor				umn 2: The creditor to whom you owe the debt eck all schedules that apply:
3.4	Į.					
	TLC Scho Name	ol Bus Company Inc	). 			Schedule D, line
	<u>1503</u>	Riverview Blvd.			×	Schedule E/F, line 4.2
	Number	Street				Schedule G, line
	Plymouth	Meeting	PA	19462		
_	City	-	State	ZIP Code		
3.	_					Oaks data D. Bas
	Name					· <del>-</del>
						Schedule E/F, line
	Number	Street			Ц	Schedule G, line
	City		Ctata	ZID Code		
3.	City		State	ZIP Code		
						Schedule D, line
	Name					
	Number	Street				Schedule G, line
	Number	Sileet			_	Solidadio S, ililo
	City		State	ZIP Code		
3.						
	Name					Schedule D, line
	Name					Schedule E/F, line
	Number	Street				Schedule G, line
0 /= 4	City		State	ZIP Code		
3./56	<u>9</u>					
	Name					Schedule D, line
						Schedule E/F, line
	Number	Street				Schedule G, line
	0.1		01.1	710.0		
3.	City		State	ZIP Code		
<u> </u>	<b></b>					Schedule D, line
	Name					Schedule E/F, line
	Number	Street				Schedule G, line
	Nullipel	Succi				
	City		State	ZIP Code		
3.						
	Name					Schedule D, line
	Hanno					Schedule E/F, line
	Number	Street				Schedule G, line
	City		State	ZIP Code		
3.	J					
	Name					· <del>-</del>
						Schedule E/F, line
	Number	Street				Schedule G, line
	Citv		State	ZIP Code		
	CILV		Glate	£11 UUU5		

Case 23-11874-amc Doc 7 Filed 06/27/23 Entered 06/27/23 09:22:59 Desc Main Fill in this information to identify your case: Debtor 1 Leah <u>Helen</u> Leahy First Name Middle Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: Eastern District of Pennsylvania Case number Check if this is: (If known) An amended filing A supplement showing post-petition chapter 13 income as of the following date: Official Form 106I MM / DD / YYYY Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Employment Debtor 1** Debtor 2 or non-filing spouse If you have more than one job, attach a separate page **Employed** ☐ Employed **Employment status** with information about ■ Not employed ■ Not employed additional employers. Include part-time, seasonal, or self-employed work. Occupation Occupation may Include student or homemaker, if it Employer's name Kinder Care applies 5005 Meadows Road Employer's address Number Street Number Street Lake Oswego OR 97035 State ZIP Code State ZIP Code How long employed there? **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 2 or For Debtor 1 non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage 2,783.01 would be. 0.00 3. Estimate and list monthly overtime pay. 0.00 0.00

Calculate gross income. Add line 2 + line 3.

2,783.01

0.00

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Desc Main

Debtor 1

Leah Helen

Dogumen

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For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here..... 2,783.01 0.00 List all payroll deductions: 0.00 5a. Tax, Medicare, and Social Security deductions 545.64 0.00 0.00 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 0.00 0.00 5c. 0.00 Required repayments of retirement fund loans 0.00 5d. 5e. Insurance 0.00 0.00 5e. 0.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5g. Union dues Other deductions. Specify: .. 0.00 0.00 5h. 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h 545.64 0.00 2,237.37 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 0.00 monthly net income. 8a. 0.00 0.00 Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. Unemployment compensation 0.00 0.00 b8 0.00 0.00 8e. Social Security Other government assistance that you regularly receive Include cash assistance and the value (if know) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 0.00 Pension or retirement income 8g. 0.00 0.00 Other monthly income. Specify: .. Second Job @726.99/mo gross 635.66 0.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e +8f +8g +8h 635.66 0.00 Calculate monthly income. Add line 7 + line 9. \$ 2,873.03 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 2,873.03 0.00 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data. If it applies. 2,873.03 Combined monthly income Do you expect an increase or decrease within the year after you file this form? **⋉** No. ☐ Yes. Explain:

Case 23-11874-amc Doc 7 Filed 06/27/23 Entered 06/27/23 09:22:59 Desc Main Fill in this information to identify your case: Debtor 1 Leah Helen Leahy First Name Middle Name Check if this is: Debtor 2 First Name Middle Name Last Name An amended filing (Spouse, if filing) A supplement showing post-petition chapter 13 United States Bankruptcy Court for the: Eastern District of Pennsylvania income as of the following date: MM / DD / YYYY (If known) A separate filing for Debtor 2 because Debtor 2 maintains a separate household Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. **Describe Your Household** Part 1: 1. Is this a joint case? No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? ☐ Yes. Debtor 2 must file a separate Schedule J. 2. Do you have dependents **⋉** No Dependent's relationship to Does dependent live Dependent's ☐ Yes. Fill out this information for Do not list Debtor 1 and Debtor 1 or Debtor 2 with you? age each dependent..... Debtor 2. □ No Do not state the dependent's **✗** Yes 30 Son names □ No **▼** Yes Daughter 39 □ No ☐ Yes □ No Yes ☐ No ☐ Yes Do your expenses include **⋉** No expenses of people other ☐ Yes. than yourself and your dependents? Part 2: **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the Include expenses paid for with non-cash government assistance if you know the value of Your Expenses such assistance and have included it on Schedule I: Your Income (Official Form B 6I.) The rental or home ownership expenses for your residence. Include first mortgage 3,300.00 payments and any rent for the ground or lot. If not included on line 4: 4a. Real estate taxes 0.00

0.00

0.00

0.00

4b. \$

4c. \$

4d. \$

Property, homeowner's, or renter's insurance

4d. Homeowner's association or condominium dues

Home maintenance, repair, and upkeep expenses

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Debtor 1 Leah

Helen

Document

First Name Middle Name

		Your Expenses			
5. Additional mortgage payments for your residence, such as hor	ne equity loans. 5. \$	0.00			
6. Utilities:					
6a. Electricity, heat, natural gas	6a. \$	305.00			
6b. Water, sewer, garbage collection	6b. \$	0.00			
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	344.00			
6d. Other. Specify:	6d. \$	0.00			
7. Food and housekeeping supplies	7. \$	1,342.00			
8. Childcare and children's educational costs	8. \$	0.00			
9. Clothing, laundry, and dry cleaning	9. \$	90.00			
10. Personal care products and services	10. \$	40.00			
11. Medical and dental expenses	11. \$	70.00			
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.	40 .	405.00			
Do not include car payments.		185.00			
13. Entertainment, clubs recreation, newspapers, magazines, and I		100.00			
14. Charitable contributions and religious donations	14. \$	0.00			
<ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in line</li> </ol>	s 4 or 20.				
15a. Life insurance	15a. \$	0.00			
15b. Health insurance	15b. \$	0.00			
15c. Vehicle insurance	15c. \$	183.00			
15d. Other insurance. Specify:	15d. \$	0.00			
<ol> <li>Taxes. Do not include taxes deducted from your pay or included in Specify:</li> </ol>		0.00			
17. Installment or lease payments:					
17a. Car payments for Vehicle 1	17a. \$	499.00			
17b. Car payments for Vehicle 2	17b. \$	0.00			
17c. Other. Specify:	17c. \$	0.00			
17d. Other. Specify:	17d. \$	0.00			
18. Your payments of alimony, maintenance, and support that you from you pay on line 5, <i>Schedule I, Your Income</i> (Official Form	did not report as deducted B 6l). 18. \$	0.00			
<ol> <li>Other payments you make to support others who do not live wi Specify:</li> </ol>	•	0.00			
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income:					
20a. Mortgages on other property	20a. \$	0.00			
20b. Real estate taxes	20b. \$	0.00			
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00			
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00			
20e. Homeowner's association or condominium dues	20e. \$	0.00			

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21.	Other. Specify:	21.	\$	0.00			
22.	Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. 22c. Add lines 22a and 22b. The result is your monthly expenses.	\$ \$ \$	6,458.00 0.00 6,458.00				
23.	Calculate your monthly net income.						
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,873.03			
	23b. Copy your monthly expenses from line 22 above.	-\$	6,458.00				
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	-3,584.97			
24.	Do you expect an increase or decrease in your expenses within the year after you file this.  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification in the terms of your mortgage.   No.  ☐ Yes.  ☐ Yes.  ☐ Explain here:	our					

	co. 22, 1.1.977, and mation to identify your ca		Filad 06/27/22 Enta	orod 06/27/23 09	:22:59	Desc Main
Debtor 1	Leah First Name	Helen	Leahy Lest Name			
Debtor 2 (Spouse, if thing)	First Name	ládde Name	Last Norse			
United States	Bankruptcy Court for the: E	astem	рына и <u>Pennsylvania</u>			
Case number					Ū	Check if this is an amended filing
	Form 106Dec	t an Indívi	dual Debtor's S	Schedules		12/15
			ly responsible for supplying			7210
	n. 18 U.S.C. §§ 152, 134 sign Below	1, 1519, and 3571.		····		
	ly of agree to pay som	eone who is NOT ar	attorney to help you fill out	bankruptcy forms?		
⊠ No □ Yes.N	ame of person			ankruptcy Patition Preparer's Form 119).	: Notice, Declara	ation, and Signature
	ah Al. Lloh of Debtor 1	re that I have read th	Signature of Debtor 2	led with this declaration	n and that	
193677						